

19H

**PLEADING
EXHIBIT
19H**



Home | Contact Us | Help

Toll Free
866-384-9104

All plans can be purchased online (secured) and provide you an instant ID. Ready to be used immediately. NO Paper Work

Knowledge
CenterList All
PlansCompare
PlansSuggest A
Plan

Compare Visitor Medical Plans

The Comparison information shown here is generic and high level information, provided for your convenience and information purpose only. Please review the Evidence of Coverage and Plan Contract (Policy) for a detailed description of Coverage Benefits, Limitations and Exclusions. Must read the Policy Brochure and Plan Details for complete and accurate details. Only the Terms and Conditions of Coverage Benefits listed in the policy are binding.

	Buy Now!	Buy Now!	Buy Now!	Buy Now!
Policy Name	Inbound USA	Liaison International	Visit USA	Atlas America
Plan Type	Limited Coverage Plan	Comprehensive Coverage Plan	Comprehensive Coverage Plan	Comprehensive Coverage Plan
AM Best Rating	A	A (Excellent)	Superior	A (Excellent)
Renewability	<input checked="" type="checkbox"/> If Initially Purchased online for min 5 Days. There is a \$5 admin fee each time you renew.	<input checked="" type="checkbox"/> Min. of 5 Days renewal.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Min. of 5 days renewal.
Cancellation	Cancellation only prior to the effective date of coverage, a cancellation fee may applicable. After that date, the premium is considered fully earned and non-refundable. Partial refunds are not available.	Cancelable - Full premium refund may considered if cancelled before the effective date. - If cancel after effective date : (Only if you have not used the insurance or and have no claim.)	Cancellation only Prior to the effective date of coverage with a \$20 cancellation fee. After that date, the premium is considered fully earned and non-refundable. Partial refunds are not available.	Cancelable - Full premium refund may considered if cancelled before the effective date. - If cancel after effective date : (Only if you have not used the insurance or and have no claim.)

		i) Cancellation fee applicable. ii) Unused portion of the premium will be refunded.		i) \$25 cancellation fee applicable. ii) Unused portion of the premium will be refunded.
Available Coverage	Maximum medical coverage \$50000 to \$100000 for each Injury and each Sickness . For persons age 70 and above, the available maximum benefit limit is \$50,000 or \$70,000.	up To \$1,00,0000 also Depends on the age, ages 80+, maximum coverage limited to \$15,000.	US \$50000 and \$100000. for age 80+ Coverage is limited to \$10,000.	up To \$1,00,0000 also Depends on the age. For Age 70-79 max coverage is limited to \$50,000. Age 80+, maximum limited to \$10,000.
Available Deductibles	\$0, \$50, \$100. (For age 70 and above only deductible is \$200.) All deductibles are per sickness/ per incidence.	Various deductible option \$0, \$100, \$250, \$500, \$1000, \$2500. Applicable deductible is Per Policy Period or Annual (if policy period is beyond 12 months.)	\$250, \$500 and \$1000 . All deductibles are Per Policy Period.	\$0, \$100, \$250, \$500, \$1,000 or \$2,500 per Policy Period or Annual.
Deductible Type	Per Injury, Sickness or Per Incidence.	Annual deductible. Only one time in a year.	Annual deductible. Only one time in a year.	Annual deductible. Only one time in a year.
Co-Insurance	No Co-Insurance.	After the Insured pays the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum. Outside the United States and Canada: After the Insured pays the deductible, the program pays 100% to the selected Maximum.	After the Insured pays the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum. Outside the United States and Canada: After the Insured pays the deductible, the program pays 100% to the selected Maximum.	After the Insured pays the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum. Outside the United States and Canada: After the Insured pays the deductible, the program pays 100% to the selected Maximum.
Provider Directory	Click here	Click here	Click here	Click here
Coverage Details	Review Coverage HTML PDF	Review Coverage HTML PDF	Review Coverage HTML PDF	Review Coverage HTML PDF
Administrator	Seven Corners (Formerly SRI)	Seven Corners (Formerly SRI)	TIS (Travel Insurance Services).	Multinational Underwriter.
Carrier/Underwriter	Lloyds of London	Virginia Surety Comp. Inc.	AIG	Lloyds.
Medical Coverage				

Dr. / Physician Visit	<ul style="list-style-type: none"> • Up to \$55/visit, 1/day, 30 visits - for 50,000 Policy. • Up to \$85/visit, 1/day, 30 visits - for 100,000 Policy. 	<input checked="" type="checkbox"/> Covered as per the policy. Insurance pays 80% for the first 5000\$, after that pays 100% of URC.	<input checked="" type="checkbox"/> Covered as per the policy. Insurance pays 80% for the first 5000\$, after that pays 100% of URC.	<input checked="" type="checkbox"/> Covered as per the policy. Insurance pays 80% for the first 5000\$, after that pays 100% of URC.
Emergency Room (ER)	<ul style="list-style-type: none"> • 75% of URC to a maximum of \$330 - 50K policy • 75% of URC to a maximum of \$550 - 100K policy • 75% of URC to a maximum of \$250 - 70 yrs and older 	Covered as per the policy: Insurance covers 80% for the first \$5000, 100% thereafter of URC.	Covered as per the policy: Insurance covers 80% for the first \$5000, 100% thereafter of URC.	Covered as per the policy: Insurance covers 80% for the first \$5000, 100% thereafter of URC.
Prescription Drugs / Medicines	<ul style="list-style-type: none"> • Up to \$100 for 50,000 policy • Up to \$150 for 100,000 policy 	Buy from Pharmacy and file claim. Read plan brochure and details.	Buy from Pharmacy and file claim. Read plan brochure and details.	Buy from Pharmacy and file claim. Read plan brochure and details.
Ambulance Expenses	up to \$450	up to \$5000.	Included in Emergency Medical Evacuation Benefit	To policy maximum
Hospital Room and Board	<ul style="list-style-type: none"> • \$1400/day (30 day Max) for \$50,000 policy • \$1950/day (30 day Max) for \$100,000 Policy • \$1050/day (30 day max) for age 70yrs and over 	URC (Usual, reasonable and customary) to the selected Policy Maximum	To policy maximum, average semi-private room	To policy maximum, average semi-private room rate, including nursing services
Lab & X-rays	<ul style="list-style-type: none"> • Up to \$450. Additional \$250 for One Cat/PET/MRI Scan for \$50,000 policy. • Up to \$500. Additional \$500 for One Cat/PET/MRI Scan for \$100,000 policy. • Up to \$400. Additional \$250 for One Cat/PET/MRI Scan for age 70 and over. 	<input checked="" type="checkbox"/> Covered as per the policy. Insurance pays 80% for the first 5000\$, after that pays 100% of URC.	As per the Policy	As per the policy
Pre-Existing Conditions	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not covered	<input checked="" type="checkbox"/> Not covered
Maternity	<input checked="" type="checkbox"/> Not covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not covered
Dental Coverage				
Dental - Acute, unexpected pain	<input checked="" type="checkbox"/> Not covered	\$100 (1 month or more coverage)	<input checked="" type="checkbox"/> Not Covered	\$100 per certificate period

Dental - Accident related emergency	Up to \$550	\$500 (1 month or more coverage)	To policy maximum	To policy maximum
Travel Coverage				
Emergency Medical Evacuation / Repatriation	\$50,000	\$300,000	A: \$50,000/B: \$100,000	Emergency air and/or ground transportation to the nearest hospital that is qualified to provide the Medically Necessary treatment.
Return of mortal Remains	\$7500	\$50,000	A: \$10,000/B: \$20,000	Air and/or ground transportation of bodily remains or ashes to the area of your Principal Residence, and reasonable costs of preparation of your remains necessary for transportation.
Trip Interruption	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> \$5000	<input checked="" type="checkbox"/> Not covered	The cost of a one-way economy air and/or ground transportation ticket for each covered child to the terminal serving the area of Principal Residence.
Loss of checked Baggage	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> \$250	<input checked="" type="checkbox"/> Not covered	<input checked="" type="checkbox"/> \$50 per item, \$250 max
Life Coverage				
AD&D	\$25000 Common Carrier Only	\$25,000 principal sum for insured/insured spouse \$5,000 for dependent child	A: \$50,000/B: \$100,000	Principal sum - \$5,000 (14 days-17 years), \$25,000 (18-69), \$12,500(70-74), \$6250(75+)
Other Coverage				
Terrorism Coverage	<input checked="" type="checkbox"/> Not covered	URC (Usual, reasonable and customary) to the selected Policy Maximum(not covered in NY, OR, KS)	<input checked="" type="checkbox"/> Not Covered	\$50,000
Support				
24-Hrs Emergency Assistance	Yes. Contact Number and details can be found on the ID card. Buy Now!	Yes. Contact Number and details can be found on the ID card. Buy Now!	Yes. Contact Number and details can be found on the ID card. Buy Now!	Yes. Contact Number and details can be found on the ID card. Buy Now!
Go Back				

1. The Comparison information shown above is generic and high level information, provided for your convenience and information purpose only. Please review the Evidence of Coverage and Plan Contract (Policy) for a detailed description of Coverage Benefits, Limitations and Exclusions. Must read the Policy Brochure and Plan Details for complete and accurate details. Only the Terms and Conditions of Coverage Benefits listed in the policy are binding.
2. General Physical Checkup, Vision (Eye Test, Eye Glasses, Contact Lens), Pregnancy and Prenatal Care is not covered by any of the Plan.
3. Any pre-existing conditions are generally not covered, please read the Plan carefully.
4. Payments/Claims are subject to **URC (Usual, Customary and Reasonable Charges)**.

Why buy from us?

- ✓ **Reliable Products** - If there is any Best Visitor Medical Insurance Plan exists, it is here! So you don't have to spent time to search on different websites or resources.
- ✓ **Superior Service** - You can count on us for industry's Best Service.
- ✓ **Best Rate guaranteed** - Lowest and Affordable Prices, You can not find any lesser price for the same products.
- ✓ **Knowledge and Tools** - We provide authentic information, unbiased advice, knowledge and tools to research and find the right plan.

The #1 Source to compare and buy best Visitor Medical Insurance. [Read More >>](#)

© 2005 VisitorsCoverage.com

About Company | Become Affiliate | Disclaimer | Privacy Information



191

**PLEADING
EXHIBIT
191**



Home Contact Us Guide Send to Friend

HACKER SAFE Source Id: bai
TESTED DAILY 03-JUL

(866) INSU-BUY
8 AM-9 PM CST. Mon-Sat





Following is the high level comparison of various student medical insurance plans. Please use this comparison as a guide only and do not make any decisions solely based on this comparison. If you have any ambiguity, doubt or questions, please refer to the individual policy details for complete details as it is not possible to accurately represent all the details in concise comparison such as follows. Please call us for further details. If there is any discrepancy between this comparison and the actual policy details, the policy details will override.

All the amounts are in US dollars.

Routine physicals and vision(eyeglasses etc.) are not covered in any of the plans.

	Study USA A Travel Insurance Services Instant Quotes & Purchase	Study USA B Travel Insurance Services Instant Quotes & Purchase	Global Student USA Worldwide Instant Quotes & Purchase	Global Student USA Preferred Worldwide Instant Quotes & Purchase
Administrator	Travel Insurance Services(TIS)	Travel Insurance Services(TIS)	HTH Worldwide	HTH Worldwide
Insurance Company / Carrier / Underwriter	AIG	AIG	Unicare	Unicare
A.M. Best Rating	A++ "Superior"	A++ "Superior"	A- "Excellent"	A- "Excellent"
Deductible	In network or outside the US, \$50/incident, out of network \$150/incident. Waived if medical service first received from student health center or if no student health center and treatment received in PPO. Max \$250/year	In network or outside the US, \$50/incident, out of network \$150/incident. Waived if medical service first received from student health center or if no student health center and treatment received in PPO. Max \$250/year	\$100/incident. Reduced to \$50 when first seen at student health center	\$100/incident. Reduced to \$50 when first seen at student health center
Co-insurance	In network or outside the US, 80/20 to \$25,000 then 100% to policy maximum. Out of network, 80/20 to policy maximum	In network or outside the US, 80/20 to \$25,000 then 100% to policy maximum. Out of network, 80/20 to policy maximum	80/20 to \$10,000 then 100% to policy maximum	100% to \$5,000 then 80/20 to policy maximum
Policy	\$200,000/incident	\$250,000/incident	\$250,000/incident. Max \$250,000/year.	\$250,000/incident. Max \$250,000/year.

maximum			Lifetime max. \$1,000,000	Lifetime max. \$1,000,000
MEDICAL				
Physician visit	After deductible, \$10 copay	After deductible, \$10 copay	To policy maximum, subject to deductible and co-insurance	To policy maximum, subject to deductible and co-insurance
Emergency room visit	After deductible, \$50 copay	After deductible, \$50 copay	To policy maximum, subject to deductible and co-insurance	To policy maximum, subject to deductible and co-insurance
Prescription drugs	To policy maximum	To policy maximum	50% of actual charge	50% of actual charge
Durable medical equipment	To policy maximum	To policy maximum	Rental or Purchase charges	Rental or Purchase charges
Hospital room and board	Semi-private room to policy maximum	Semi-private room to policy maximum	Semi-private room, max \$500/day	Semi-private room
Intensive care unit	To policy maximum	To policy maximum	\$1000/day	\$1000/day
Mental disorders	\$5,000 (\$10,000 for foreign students to the US)	\$5,000 (\$10,000 for foreign students to the US)	lifetime \$500 outpatient, lifetime \$5,000 inpatient	lifetime \$500 outpatient, lifetime \$5,000 inpatient
Therapeutic Abortion	\$500	\$500	\$500/year	\$500/year
Vehicle accident	To policy maximum	To policy maximum	\$10,000/year	\$10,000/year
Sports injuries	To policy maximum. Excluded for interscholastic, intercollegiate or professional sporting events	To policy maximum. Excluded for interscholastic, intercollegiate or professional sporting events	\$5,000/year	\$5,000/year
Ground ambulance	To policy maximum	To policy maximum	\$350/injury or sickness	\$350/injury or sickness
Maternity	To policy maximum	To policy maximum	To policy maximum	To policy maximum
Routine nursery care	Hospital nursery care, URC to policy maximum	Hospital nursery care, URC to policy maximum	-	-
Pre-existing conditions	6 months pre-ex and 6 months waiting period. Max \$10,000	6 months pre-ex and 6 months waiting period. Max \$10,000	1 year waiting period	1 year waiting period
Benefit period	52 weeks	52 weeks	After the Covered Person's effective date, until coverage terminates under the policy whichever is less.	After the Covered Person's effective date, until coverage terminates under the policy whichever is less.
Therapies	Covered if recommended by a physician and	Covered if recommended by a physician and	Max \$10,000/injury or sickness on an inpatient basis	Max \$10,000/injury or sickness on an inpatient basis

(acupuncture, physiotherapy)	administered by a licensed physiotherapist. URC.	administered by a licensed physiotherapist. URC.		
DENTAL				
Tooth injury	\$250/tooth. Max \$1,000/injury	\$250/tooth. Max \$1,000/injury	\$250/tooth	\$250/tooth
TRAVEL				
Medical evacuation	\$30,000, Additional \$100,000 at \$4/month, \$250,000 for \$5/month	\$30,000, Additional \$100,000 at \$4/month, \$250,000 for \$5/month	\$100,000	\$100,000
Repatriation of remains	\$10,000	\$10,000	\$25,000	\$25,000
Bed side visit	-	-	Up to \$750 for Airfare and Hotel Accommodations for one person	Up to \$1,500 for Airfare and Hotel Accommodations for one person
LIFE				
Accidental death	\$10,000	\$10,000	-	\$10,000
PLAN FEATURES				
Details	Brochure Provider Directory Renewable Online Renewal FAQ Paper Application Claim Form 中文版	Brochure Provider Directory Renewable Online Renewal FAQ Paper Application Claim Form 中文版	Brochure Provider Directory Paper Application Certificate	Brochure Provider Directory Paper Application Certificate
Coverage length	1 to 12 months - Renewable	1 to 12 months - Renewable	1 to 12 months - Renewable	1 to 12 months - Renewable
Credit cards accepted				
Remarks	Additional Emergency Med Evac. \$100,000: \$4/person/month \$250,000: \$5/person/month	Additional Emergency Med Evac. \$100,000: \$4/person/month \$250,000: \$5/person/month		

URC - Usual, reasonable and customary charges

Coverages shown above are per person unless noted otherwise.

[Home](#) | [About Us](#) | [Achievements](#) | [Companies](#) | [Disclaimer](#) | [Plans](#) | [Privacy Policy](#) | [Site Map](#)
[Insurance Agent Sign up](#) | [Travel Agent Sign up](#)

Copyright © 2002-2007 BuyAmericanInsurance.comSM All rights reserved.

19J

**PLEADING
EXHIBIT
19J**



Pathways company | Home | Contact Us | Help

Toll Free
866-384-9104

All plans can be purchased online (secured) and provide you an instant ID. Ready to be used immediately. NO Paper Work.

Visitor
Plans





Student
Plans

Compare
Plans

Knowledge
Center

Compare Student Medical Plans

The Comparison information shown here is generic and high level information, provided for your convenience and information purpose only. Please review the Evidence of Coverage and Plan Contract (Policy) for a detailed description of Coverage Benefits, Limitations and Exclusions. Must read the Policy Brochure and Plan Details for complete and accurate details. Only the Terms and Conditions of Coverage Benefits listed in the policy are binding.

				
	Buy Now!	Buy Now!	Buy Now!	Buy Now!
Policy Name	Study USA Healthcare Plan A	Study USA Healthcare Plan B	Global Student USA Standard	Global Student USA Preferred
Plan Type	Comprehensive Coverage Plan	Comprehensive Coverage Plan	Comprehensive	Comprehensive
AM Best Rating	A++ (Superior)	A++ (Superior)	A (Excellent)	A (Excellent)
Renewability	<input checked="" type="checkbox"/> Coverage is renewable as long as the student has continuous coverage and meets the eligibility requirements.	<input checked="" type="checkbox"/> Coverage is renewable as long as the student has continuous coverage and meets the eligibility requirements.	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Cancellation	Premiums received by the Program Marketer/Insurance Company will be considered fully earned and non-refundable. Coverage under this Program terminates if a Covered Person enters military service and a pro-rata refund will be made from the date written request is received. Otherwise, no refunds will be made.	Premiums received by the Program Marketer/Insurance Company will be considered fully earned and non-refundable. Coverage under this Program terminates if a Covered Person enters military service and a pro-rata refund will be made from the date written request is received. Otherwise, no refunds will be made.	<input checked="" type="checkbox"/> Yes If cancellation is after 10 days, premium will be refunded in whole months only.	<input checked="" type="checkbox"/> Yes If cancellation is after 10 days, premium will be refunded in whole months only.
Available Coverage	\$200,000	\$250,000	\$250,000	\$250,000
Available	\$50/incident, \$150/incident. Shall not	\$50/incident, \$150/incident. Shall not	\$100	\$100

Deductibles	exceed \$250/yr	exceed \$250/yr	(\$50 if first seen at student health center)	(\$50 if first seen at student health center)
Co-Insurance	Insurance company will pay 80% of \$25,000 of Eligible Expenses after deductible, then 100% to coverage maximum.	Insurance company will pay 80% of \$25,000 of Eligible Expenses after deductible, then 100% to coverage maximum.	First: 20% for first \$10,000 Thereafter: 0% up to \$245,000	First: 0% for first \$5,000 Thereafter: 20% up to \$245,000
Coverage Details	Review Coverage HTML PDF	Review Coverage HTML PDF	Review Coverage PDF	Review Coverage PDF
Administrator	TIS	TIS	HTH	HTH
Carrier/Underwriter	AIG	AIG	Unicare	Unicare
Medical Coverage				
Dr. / Physician Visit	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> Covered as per the policy	First: 80% for first \$10,000 Thereafter: 100% up to \$240,000	First: 100% for first \$5,000 Thereafter: 80% up to \$245,000
Prescription Drugs / Medicines	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> 50% Coinsurance Up to \$350 per injury/illness	<input checked="" type="checkbox"/> 50% Coinsurance Up to \$350 per injury/illness
Ambulance Expenses	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> Covered as per the policy	URC: Lesser of Semi-private accommodation or \$500 per day	URC: Semi-private accommodation
Hospital Room and Board	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> First: 80% covered for first \$10,000 Then: 100% up to \$240,000	First: 100% for first \$5,000 Thereafter: 80% up to \$245,000
Lab & X-rays	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> Covered as per the policy	<input checked="" type="checkbox"/> Not Covered for first 12 months	<input checked="" type="checkbox"/> Not Covered for first 12 months
Pre-Existing Conditions	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	Covered as any other medical condition *conception must be after effective date	Covered as any other medical condition *conception must be after effective date
Maternity	Therapeutic Termination of Pregnancy up to \$500	Therapeutic Termination of Pregnancy up to \$500		
Dental Coverage				
Dental - Acute, unexpected pain	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Covered	<input checked="" type="checkbox"/> Covered
Dental - Accident	up to \$250 per tooth to a maximum of	up to \$250 per tooth to a maximum of	\$250/tooth per injury	\$250/tooth per injury

related emergency	\$1,000 per Injury.	\$1,000 per Injury.		
Travel Coverage				
Emergency Medical Evacuation / Repatriation	Limit: \$30,000	Limit: \$30,000	\$10,000	\$10,000
Return of mortal Remains	Limit: \$10,000	Limit: \$10,000	\$25,000	\$25,000
Trip Interruption	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered
Loss of checked Baggage	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered
Life Coverage				
AD&D	Limit \$10,000 • Life \$10,000 • Both Hands, Both Feet or Sight of Both Eyes \$10,000 • Either One Hand or One Foot and Sight of One Eye \$10,000 • One Hand and One Foot \$10,000 • Either Hand or Foot \$5,000 • Sight of One Eye \$5,000	Limit \$10,000 • Life \$10,000 • Both Hands, Both Feet or Sight of Both Eyes \$10,000 • Either One Hand or One Foot and Sight of One Eye \$10,000 • One Hand and One Foot \$10,000 • Either Hand or Foot \$5,000 • Sight of One Eye \$5,000	Up to \$10,000	Up to \$10,000
Other Coverage				
Terrorism Coverage	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Not Covered
Support				
24-Hrs Emergency Assistance	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	Buy Now!	Buy Now!	Buy Now!	Buy Now!

[Go Back](#)

1. The Comparison information shown above is generic and high level information, provided for your convenience and information purpose only. Please review the Evidence of Coverage and Plan Contract (Policy) for a detailed description of Coverage Benefits, Limitations and Exclusions. Must read the

Policy Brochure and Plan Details for complete and accurate details. Only the Terms and Conditions of Coverage Benefits listed in the policy are binding.

2. General Physical Checkup, Vision (Eye Test, Eye Glasses, Contact Lens), Pregnancy and Prenatal Care is not covered by any of the Plan.
3. Any pre-existing conditions are generally not covered. please read the Plan carefully.
4. Payments/Claims are subject to UCR (**Usual, Customary and Reasonable Charges**).

Why buy from us?

- ✓ **Reliable Products** - If there is any Best Visitor Medical Insurance Plan exists, it is here! So you don't have to spent time to search on different websites or resources.
- ✓ **Superior Service** - You can count on us for industry's Best Service.
- ✓ **Best Rate guaranteed** - Lowest and Affordable Prices, You can not find any lesser price for the same products.
- ✓ **Knowledge and Tools** - We provide authentic information, unbiased advice, knowledge and tools to research and find the right plan.

The #1 Source to compare and buy best Visitor Medical Insurance. [Read More >>](#)

© 2006 VisitorsCoverage.com

About Company | [Become Affiliate](#) | [Disclaimer](#) | [Privacy Information](#)



HACKER SAFE
TESTED DAILY 03-JUL

